

J-1 Exchange Visitor Health Insurance Compliance Form

The U.S. Department of State (DOS) requires all J-1 Exchange Visitors (EVs) and their J-2 dependents maintain minimum levels of health insurance coverage for the duration of their programs. An EV's willful failure to maintain the required health insurance coverage will result in the termination of his/her participation in the Exchange Visitor Program (EVP). (22 CFR 62.14). Each EV and J-2 dependent must enroll in an insurance plan or policy that:

- Provides medical benefits of at least US\$100,000 per accident or illness;
- Provides at least US\$25,000 for repatriation of remains to the home country in the event of death;
- Provide at least US\$50,000 in medical evacuation coverage to the home country in the event of serious illness or injury upon a doctor's recommendation;
- Requires a deductible of no more than US\$500 per accident or illness;
- May establish a reasonable waiting period before pre-existing conditions (health problems the person had before buying the insurance) are covered – "reasonable" is defined by current insurance industry standards;
- May include co-insurance provisions, but must pay at least 75% of covered medical expenses;
- Does not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the EV participates; and
- Is guaranteed through one of the following means: (1) underwritten by a health insurance corporation rated "A–" or above by A.M. Best, "A–" or above by McGraw Hill Financial/Standard & Poor's Claims-paying Ability, "B+" or above by Weiss Research, Inc., "A–" or above by Fitch Ratings, Inc., "A3" or above by Moody's Investor Services, or other DOS-specified rating; (2) backed by the full faith and credit of the EV's home country's government; (3) is part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or (4) offered through or underwritten by a federally qualified HMO or eligible Competitive Medical Plan as determined by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

See www.manoa.hawaii.edu/fsis/j1/compliance#health for a few insurance plan options and more information.

J-1EV: _____

J-2 dependent(s) (print full name(s)):

_____	_____
_____	_____
_____	_____

I confirm that I have obtained the required health insurance coverage for myself and my J-2 dependents, whose name are listed above. The necessary documentation of coverage, as indicated on the second page of this form, is attached. I will ensure that the required coverage is maintained throughout the duration of my UH program. Should my UH sponsoring unit and/or FSIS request proof of coverage at any time, I will provide the necessary documentation promptly.

I understand that during my UH program, if I willfully fail to maintain the required coverage for myself and my J-2 dependents, or if I provide false information regarding my coverage to UH or DOS officials, UH is required under 22 CFR 62.14 to terminate my participation in the EVP. This termination may result in the loss of my legal status in the U.S.

J-1 EV's signature: _____ Date: _____

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Health Insurance Documentation

The J-1 EV must select and complete Option A, B, C, or D below to indicate the type of health insurance policy/plan he/she purchased for himself/herself and any J-2 dependents:

Option A

I purchased the UH Student Health Insurance Plan (www.manoa.hawaii.edu/fsis/j1/compliance/healthplans#uhplan).

Option B

I purchased a UH employee (EUTF) health insurance plan. Since EUTF plans do not provide repatriation and medical evacuation (RME) coverage, I have also purchased a separate RME plan. (See a few RME plan options at www.manoa.hawaii.edu/fsis/j1/compliance/healthplans#rme.) I have attached proof of RME coverage to this form.

Option C

I purchased the pre-screened plan indicated below and have attached proof of enrollment showing name(s) of insured, policy/plan type, and dates of coverage:

- International Student Organization (www.isoa.org)
- Compass Benefits Group (www.compassstudenthealthinsurance.com)

Option D

I purchased a health insurance policy/plan that is not listed above. I have attached a UH FSIS Health Insurance Provider Certification Form (www.manoa.hawaii.edu/fsis/downloads/jhealthcertform) that was completed and signed by the health insurance company's representative.

Comments (e.g., EV and J-2 dependents have different plans):